

POSITION DESCRIPTION (Please Read Instructions on the Back)

2. Reason for Submission <input type="checkbox"/> Redescription <input checked="" type="checkbox"/> New <input type="checkbox"/> Reestablishment <input type="checkbox"/> Other					3. Service <input type="checkbox"/> Hdqtrs <input checked="" type="checkbox"/> Field		4. Employing Office Location		5. Duty Station		1. Agency Position No.		
Explanation (Show any positions replaced)					7. Fair Labor Standards Act <input checked="" type="checkbox"/> Exempt <input type="checkbox"/> Nonexempt		8. Financial Statements Required <input type="checkbox"/> Executive Personnel Financial Disclosure <input type="checkbox"/> Employment and Financial Interest		9. Subject to IA Action <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		6. OPM Certification No.		
					10. Position Status <input checked="" type="checkbox"/> Competitive <input type="checkbox"/> Excepted (Specify in Remarks)		11. Position Is <input type="checkbox"/> Supervisory <input type="checkbox"/> Managerial <input checked="" type="checkbox"/> Neither		12. Sensitivity <input checked="" type="checkbox"/> 1-Non-Sensitive <input type="checkbox"/> 3-Critical <input type="checkbox"/> 2-Noncritical Sensitive <input type="checkbox"/> 4-Special Sensitive		13. Competitive Level Code		
					SES (Gen.) <input type="checkbox"/> SES (CR) <input type="checkbox"/>						14. Agency Use *DOI033		
15. Classified/Graded by		Official Title of Position				Pay Plan		Occupational Code		Grade		Initials Date	
a. Office of Personnel Management		Fire Management Specialist (Planning)				GS		401		13		2005 9/30/05	
b. Department, Agency or Establishment		Department of the Interior, FLERT Specialist				TOM ORTH							
c. Second Level Review		This PD has been approved as follows under 5 USC 6336(c) and 8412(d)											
d. First Level Review		<input checked="" type="checkbox"/> Firefighter <input type="checkbox"/> Law Enforcement											
e. Recommended by Supervisor or Initiating Office		Primary <input checked="" type="checkbox"/> Secondary/Administrative <input type="checkbox"/> Sec/Supvy											
		Approval Date November 16, 2005											
16. Organizational Title of Position (if different from official title)						17. Name of Employee (if vacant, specify)							
18. Department, Agency, or Establishment Department of the Interior						c. Third Subdivision							
a. First Subdivision BIA FWS NPS (Regional Level Only)						d. Fourth Subdivision							
b. Second Subdivision						e. Fifth Subdivision							
						Signature of Employee (optional)							
19. Employee Review-This is an accurate description of the major duties and responsibilities of my position.													
20. Supervisory Certification. I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.													
a. Typed Name and Title of Immediate Supervisor						b. Typed Name and Title of Higher Level Supervisor or Manager (optional)							
Signature _____ Date _____						Signature _____ Date _____							
21. Classification/Job Grading Certification. I certify that this position has been classified/graded as required by Title 5, U.S. Code, in conformance with standards published by the U.S. Office of Personnel Management, or, if no published standards apply, directly, consistently with the most applicable published standards.						22. Position Classification Standards Used in Classifying/Grading Position Handbook of Occupational Groups and Families, August 2001. Part I of the Forestry Series, GS-460, Jun 1965 TS-57, Dec 1979, TS-39.							
Name and Title of Official Taking Action Vincent C. Hooker, DOI, PMB						Information for Employees. The standards, and information on their application, are available in the personnel office. The classification of the position may be reviewed and corrected by the agency or the U.S. Office of Personnel Management. Information on classification/job grading appeals, and complaints on exemption from FLSA, is available from the personnel office or the U.S. Office of Personnel Management.							
Chief Division of Position Classification and Pay Signature _____ Date 9/30/05													
23. Position Review		Initials		Date		Initials		Date		Initials		Date	
a. Employee (optional)													
b. Supervisor													
c. Classifier													
24. Remarks													

25. Description of Major Duties and Responsibilities (See Attached)

NSN 7540-00-634-4265

Previous Edition Usable

5008-106

OF 6 (Rev. 1-85)
U.S. Office of Personnel Management
FPM Chapter 295

*Agency Use Code should be entered in FPPS as last six digits of Position Allocation Number.